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FROM

LECTURES

ON THE

PRINCIPLES AND PRACTICE OF PHYSIC,

BY DR. ARMSTRONG.

Theatre of Anatomy, Webb Street.

The following is an Abstract of Dr. Armstrong's Lectures on Chronic Affections of the Fauces, Air Passages, Lungs, and Heart.

Chronic Inflammation of the Fauces.

Chronic inflammation about the tonsils and mucous membrane adjacent, Dr. ARMSTRONG observed, is a very common occurrence; it is not, however, generally a mere local affection, but connected mostly with a faded appearance of the skin, and an irritable condition of the internal mucous membranes, especially of the stomach or small intestines, of which, indeed, it forms a part. Hence this is a very common disorder among those medical students who have fagged hard towards the close of the session. It is to be considered, in such and in almost all other cases, as one of the first indications of an approaching break up of the general strength, and therefore requires greater attention than a superficial pathologist might suppose. Dr. ARMSTRONG said, that this chronic inflammation sometimes preceded an acute or subacute attack, but that it more often continued under its original character, being sometimes accompanied by relaxation or elongation of the uvula, and sometimes by ulceration, with or without the forementioned state of the uvula. He drew the diagnosis between this affection attended by common ulceration and that which was connected with syphilis. According to his experience, there were two ulcerations of the throat, both of a syphilitic nature, one superficial and spreading, surrounded by a copper-coloured inflammation, another deep, as if a portion of the part had been cut or dug out, attended by the same sort of dark inflammation, and usually by some cutaneous affection; but he said, that when any doubt remained, the history of the case should be traced backward, as in syphilis, the primary symptoms always preceded the secondary, or those of the soft parts, as the secondary always preceded the ternary, or those of the hard parts. The case of common chronic inflammation of the fauces was to be affected, first, by those means which tended to remove the local inflammation there, and secondly, by those which tended to restore the skin and internal mucous membranes to a healthy state. Dr. ARMSTRONG recommended leeches to be applied occasionally to the throat, in conjunction with very mild aperient medicines when the bowels were constipated; but he thought that most advantage was to be derived from placing the patient in a fresh atmosphere, occasionally using a tepid bath, adopting a regulated diet, and removing all opposing circumstances, such as over exertion of mind, and the like. In regard to the diet, he thought that three simple meals in the day were generally sufficient, a small quantity of animal food being allowed for dinner, with a single glass of wine, when the fever was absent, and when there was no actual sign of chronic inflammation on the inner surface of the stomach or intestines; but where such an inflammation did exist, or where any degree of fever was present, then animal food should be

wholly omitted, and a diet, partly of milk-whey and partly of farinaceous articles, ought to be substituted.

Chronic Inflammation of the Larynx.

Chronic inflammation of the larynx was sometimes the sequel of an acute or subacute attack, but much more frequently it was a mere extension of the chronic form of inflammation just described about the fauces, the mucous membrane of both being continuous, along which it was, therefore, apt to spread in protracted cases. Chronic inflammation of the larynx, was usually denoted by hoarseness of the voice, by a frequent hem! to clear the throat, by a sense of soreness about the larynx, and by a peculiar noise when the patient coughed out, referable to that part of the wind-pipe. At first the expectoration is mucous, but in its progress it becomes purulent, and a slow consuming fever attends the ulceration of the larynx which then occurs, and which is always conjoined with the purulent expectoration. In the first stage of this affection, in that of simple inflammation without ulceration, Dr. A. recommended local bleeding by leeches, mild aperients, nauseating doses of ipecacuanha occasionally, a bland diet, the tepid bath, and a regulated temperature, ranging from about sixty-four to sixty-eight, or seventy, of Fahrenheit's scale. But when ulceration has actually occurred, he said, that the nauseating doses of ipecacuanha should be omitted, and a similar plan in other respects pursued, aided by the inhalation of the vapour of tar, from which he had seen remarkably good effects in some cases. He mentioned the practice of one surgeon who had been successful by washing the epiglottis and adjacent parts with a solution of the nitrate of silver; but observed, that he had only seen this bold practice pursued in one case, and that it gave less relief than had been anticipated in ulceration of the larynx. When the ulceration was syphilitic in its origin and progress, then the appropriate remedy ought to be cautiously used; but in every case the condition of the skin and internal mucous membrane should be assiduously regarded at the same time, since a morbid condition of those parts is invariably associated with chronic inflammation and ulceration of the larynx.

Chronic Inflammation of the Bronchia.

Chronic inflammation of the mucous membrane of the bronchia is exceedingly frequent in this variable climate. Sometimes it is connected with chronic irritation of the mucous membrane of the primæ viæ, or urinary organs, with a harsh or disordered condition of the skin, but in many cases it exists without such a conjunction. It is denoted by dusky lips, by a deep stuffing cough attended by a loose diffused noise, by a copious expectoration, mostly of opaque mucus, especially in the mornings, and by difficulty of breathing, increased by exercise. The natural cure is by expectoration, but this affection sometimes leads to chronic hepatization of the lungs, and sometimes it excites tubercular consumption, particularly when it is prolonged in young and delicate subjects. Dr. ARMSTRONG thinks, that chronic inflammation of the mucous membrane of the bronchia is most effectually removed, or relieved, by those measures which act simultaneously on the bowels and the skin; hence he has found mild aperients and sudorifics, with a regulated diet, answer the best; but he thinks that sponging the surface, first with tepid and then with cool salt water, is one of the most useful preventives of a return of this affection. In those cases, however, where it is conjoined with a disturbed state of the skin and mucous membrane of the primæ viæ, more will depend upon the right management of the clothing and the diet than upon mere medical prescription. This affection has been called by various names when it occurs amongst old persons, such as catarrhus senilis and humoral asthma; but the word asthma ought only to be applied to an affection which returns at certain intervals, and which has at those times a spasmodic character.

Spasmodic Asthma.

Spasmodic asthma occurs by fits, at all times in the year, and very frequently in the summer. In some persons it is excited by disagreeable

odours, or even by pleasant, such as hay, and hence it has been denominated, by country people, the hay asthma. Some patients liable to this affection are remarkably influenced by locality. One, for example, cannot come into London without having an attack, which is as speedily removed by going to a place only perhaps a few miles distant; another cannot live long many miles distant from the sea without having a fit, which goes off as soon as he again approaches the sea. Some can only reside comfortably in high situations, while others again only remain easy in low situations. The attack most frequently comes on towards morning, and is attended by a dryness about the nostrils, by coldness of the skin, and by great difficulty of breathing, so that the ribs are elevated, and the patient requires a constant supply of fresh air from without. Some heat of the surface usually supervenes, the pulse becomes quicker than natural, and at length a copious secretion takes place from the mucous membrane of the bronchia, which being coughed up, the fit gradually, and at last, for the most part, entirely abates, but is again renewed at certain or uncertain periods of time. Dr. ARMSTRONG thinks that this affection, in its origin, is connected with the skin and mucous membrane of the bronchia, and that the spasmodic affection is a merely secondary one; but that in the progress of what is called spasmodic asthma, the heart or larger adjacent vessels always become diseased, at least this was invariably found to be the case in those instances where he had seen bodies examined after death. He considered that much mischief had been done by those empirical attempts which had been made to cure spasmodic asthma, without a reference to its pathological peculiarities, and that this had especially happened in regard to the application of the galvanic or electric fluid, which he had seen used when a concomitant organic affection of the heart, or large adjacent vessels, clearly contra-indicated its application to those who were acquainted with modern pathology. The great use of correct principles of pathology, he said, was, that they showed what was impossible as well as what was possible, and consequently prevented the profession from making a series of harsh experiments, by which the sufferings of patients were increased and their lives shortened. Dr. A. thought that the most important point at an early period of spasmodic asthma, was to find out a place most suitable for the patient, when his pecuniary circumstances admitted such an undertaking, and recommended that he should remain quietly there, properly managing his diet, his clothing, and his exercise. During the attack, when the excitement was once developed, it required to be treated on the same principles as had been recommended for chronic bronchitis; and when from its long continuance it was conjoined with an affection of the heart or large adjacent vessels, then a still mode of existence was most likely to lengthen the patient's life.

Chronic Inflammation of the substance of the Lungs.

Chronic inflammation of the substance of the lungs frequently arises and terminates usually either by hepatization of the lung, or by chronic ill-conditioned abscesses of the lung. In the first stage, it is denoted by a hard, harsh, grating sort of cough, the noise of which is limited, as it were, to a circumscribed space of the chest. On the application of LAENNEC's instrument over the part, the respiratory murmur is either not heard at all or it is very indistinct. The expectoration is scanty and tenacious, in small patches of mostly yellowish mucus for some time; the pulse is flagging, the respiration heavier or more oppressed than natural, but though the patient coughs, yet in such examples pain is often absent. Where the hepatization takes place extensively, the breathing becomes more and more oppressed, till at last it is exceedingly difficult; but where suppuration occurs, the patient expectorates pus, and the case goes on much in the same manner as tubercular phthisis. But the anatomical difference between these affections is this, that in vomicæ from common chronic inflammation no tubercles are found in the lungs. Dr. ARMSTRONG thinks that this is a distinction which

even the accurate LAENNEC has overlooked, for he considers most of those cases which LAENNEC has designated by a simple infiltration of what he calls tubercular matter as occurring from common chronic inflammation in the substance of the lung, so modified by the condition of the patient that the pus assumes the curdly or ill-conditioned character.

In the first stage of chronic inflammation of the substance of the lungs, Dr. ARMSTRONG recommends bloodletting, rest in bed, a spare diet, and aperients; and when the affection is attended by suppuration, he recommends rest in bed, a regulated temperature, an abstemious diet, together with the use of digitalis, so as to reduce the pulse to the natural standard.

Dr. ARMSTRONG made some brief observations on chronic inflammation of the pleura, and then passed on to the consideration of

Pulmonary Consumption.

Dr. ARMSTRONG remarked, that pulmonary consumption was most common in individuals under twenty-five years of age, but that he had seen many cases between that age and thirty-five, and several at a much later period of life than the last-mentioned. He considered the delicacy of young persons as the cause by which they were most predisposed, and observed, that two circumstances were almost always found to concur in the production of pulmonary consumption, namely, a breaking up or giving way of the general strength, and the application of what is called cold, under that condition of the body. He adduced several cases in proof of this assertion, some of which arose in this manner from copious bloodletting, some from spare diet, some from mental anxiety, some from over-exertion, some from night-watching, some from disorders which interrupted the digestion, and others from the like occasions. He said that the same reasoning was applicable to the production of the disease in the lower animals, for that sheep, young horses, and rabbits, being badly fed and exposed to cold at the same time, were apt to become consumptive. Dr. ARMSTRONG considered this view of the subject as of the highest importance to society in a preventive point of view, and especially to those families in which the tendency to consumption hereditarily prevailed; for he contended that this complaint might be prevented in such families by maintaining the general strength through a nutricious diet and other regimenal points, and by giving tone to the surface of the body, first by tepid and next by cool sponging or ablution; but in this variable climate he strongly recommended the use of thin flannel, even in the summer, and of fleecy hosiery in the winter and spring, next the surface, where the least suspicion of, or tendency to phthisis existed. The development of phthisis, according to his observation, was always preceded by some change in the functions of the skin, which became more faded than natural, and by some consentaneous irritation of the internal mucous membranes, especially of the intestinal canal and of the bronchial passages; but he admitted that the local irritation which preceded the attack was occasionally in the pleura or lungs.

Dr. ARMSTRONG spoke in strong terms against the empirical use of mercury in the British metropolis for many supposed hepatic or duodenal affections, and was fully confident that, by breaking up the general strength, and by disordering the functions of the skin, it was a very common cause of inducing phthisis, aided by the operation of our changeable climate. The first indication of approaching phthisis would generally be found in a preternaturally delicate hue of the skin, attended by a slight cough, loss of flesh, some diminution of strength, some degree of shortness of breathing on taking exercise, a pulse somewhat accelerated, with a bright or glossy appearance of the eye. The cough gradually increased, the patient became liable to slight chills occasionally, the skin grew more delicate, the eye even brighter, the nights less tranquil, and perspirations appeared towards morning; while an insidious fever, which at length put on the hectic character, now evidently attended the progress of the complaint. Though the expectoration had for some time been

merely mucous, about this period it became purulent and peculiar. It was generally spit up in small patches, which floated in water, something like a cockle, while the air-bubbles in it were entire; but when they burst it sunk to the bottom, and between it and the surface some small opaque points, like pins' heads, were to be seen floating in the fluid. The patch itself, when examined, Dr. ARMSTRONG said, generally consisted of three things, first of mucus, secondly of a little loose pus, and thirdly of curdly streaky white matter, which was coagulable lymph of an ill-conditioned kind. This conjunction Dr. A. considered as characteristic of tubercular phthisis, with the single exception, that he had found the same sort of expectoration from common ill-conditioned ulceration of the lungs before described. When the hectic was once established, pulmonary consumption went on progressively, terminating more rapidly in young than in old persons, except the latter were very much emaciated at the time of the attack, and then the disorder in them sometimes takes a very rapid course indeed. The immediate cause of consumption was the formation and development of what are called tubercles in the lungs. The tubercles were sometimes implanted like seeds, hereditarily in the lungs, and were not actively developed till the causes concurred which were before specified; but in the greater number of instances, Dr. ARMSTRONG believed that tubercles were actually formed *de novo* by breaking up the general strength, which tends to that morbid condition of the skin and mucous membranes so favourable to the operation of cold in producing tubercles in the lungs, or other parts of the body. In confirmation of this view, Dr. ARMSTRONG remarked that he had, in examinations after death, generally found tubercles in the bodies of those children who had become emaciated in London from improper food, confinement, and cold. Much as he admired some parts of the French pathology, much as he admired the minuteness with which the physicians of that country recorded symptoms and made dissections, it nevertheless appeared to him that there was one very great defect, namely, that they came to the ultimate effect, too frequently, without a sufficient consideration of the circumstances which preceded that effect. A mistake, a grievous mistake of that kind, he said, had been committed by LAENNEC, who, for instance, fixed the attention at once upon the actually existent tubercles, not being aware of those circumstances by which they are either actively developed, or really formed *ab origine*. The practical mischief of such a pathology was great, because it led to entire neglect of those means by which consumption and other tubercular affections might be generally prevented from occurring at all.

The prevention, then, of consumption was the first consideration, and that was to be effected by the measures to which he had already alluded. When consumption was threatened, while the tubercles were yet in a miliary state, on becoming crude or enlarged, he believed, from extensive experience, that the affection at that early period, might very frequently be arrested by rest in the recumbent posture, by a regulated temperature, by a milk and farinaceous diet, by an occasional mild aperient, and, by the exhibition of digitalis, to reduce the pulse to a natural standard, and keep it there for some time. With regard to the confirmed stage of consumption, when the tubercles had become softened, when the expectoration bore the peculiar character before described, and when the hectic had become marked, he had reason, too much reason to conclude, that the affection would be most frequently fatal then under every mode of treatment; yet, within the last six years, he had attended several of such cases, some of which had done well by a strict and persevering combination of the means before named as appropriated to the first stage, sometimes aided by tepid or cool ablutions. The efficacy, Dr. A. said, did not lie in any one of these measures singly employed, but in the diligent conjunction of the whole.

In the last stage of phthisis, chronic inflammation of the mucous membrane of the lower part of the ileum, and of the upper part of the colon,

almost invariably took place, and in fatal cases was generally conjoined with ulceration. Even the simple inflammation sometimes was aggravated then by the digitalis, unless combined with a little laudanum, which usually prevented it from exciting or increasing any intestinal irritation. This inflammation and subsequent ulceration was the cause of the colliquative diarrhœa which took place towards the close of phthisis, and which was best obviated by occasional leeching over the abdomen, by a proper diet, and by minute doses of cold-drawn castor oil, combined with a little opium.

Dr. ARMSTRONG finally spoke of scrofula in general, which he considered first to consist in the formation of tubercles, and secondly in ill-conditioned inflammation, which might take place without any tubercles at all. He considered, and adduced some facts to show, that tubercles sometimes arose independently of inflammation, but allowed that inflammation in any adjacent structure was sometimes the cause of exciting them, such as inflammation of the bronchial or intestinal lining, particularly where the general strength had been greatly reduced at an early age. Dr. A. remarked, that tubercles, in their origin, were sometimes vesicular, as might be easily seen, by examining them through a good glass; but he was satisfied that this was not always the case, having often found them solid and opaque, when they were merely minute points. He considered the miliary tubercle, as LAENNEC had done, the seed, or embryo of the crude tubercle, and suspected that the latter was softened by an inflammatory process. The ill-conditioned inflammation, which was imperfect in all its stages, and which was one modification of what was so vaguely termed scrofula, chiefly owed its character either to hereditary or to acquired delicacy of the system, and frequently lost that character by restoring the general health, through the removal of whatever local affections might exist, and these local affections were most frequently to be found in some faultiness of the surface and internal mucous membranes.

Chronic affections of the Heart.

Dr. ARMSTRONG observed, that chronic affections of the heart, like most others, might be divided into disorders and diseases. In disorders of the heart, its actions were merely disturbed, while its structure remained entire; but in diseases of the heart, something was superadded to, or taken away from, its natural structure.

Chronic disorders of the Heart.

Most of the chronic disorders of the heart proceeded from excitement or depression, through mental emotions, great exercise, from copious losses of blood, from the long continued stimulation of mercury, or from disorder of the stomach, liver, or bowels. By mental emotions, or great exercise, the heart's action was frequently preternaturally excited or depressed, and sometimes rendered irregular; by copious losses of blood, increased action and palpitation were very apt to be produced; by mercury, carried to ptyalism, its action was often excessively augmented; but in some instances it was depressed and irregular. By far the most common cause, however, of affecting the heart's action, was some disorder of the stomach, liver, or bowels. Disorder of the stomach affected the heart's action in four ways; sometimes it instantly suspended it, sometimes it greatly oppressed it, sometimes it rendered it intermittent, and sometimes it made it inordinate, so that the beats were quick at one time, and slow at another, or weak at one time, and strong at another. Dr. A. adduced several cases in illustration of each of these varieties, some of which arose from errors in the kind, others in the quantity of the diets or the drinks. In some of these instances, not only the respiration, but the brain was remarkably disturbed. The pupils were cautioned against pronouncing hasty opinions about the existence of organic affections of the heart, when the tongue was furred, and the functions of the stomach, liver, or bowels, disordered. The cure of these examples was to be effected mainly by a proper regulation of the diet, and by mild aperients, with alkalis,

where the stomach was the seat of the disturbance; but where the liver was torpid, the tepid bath, and an occasional mild alterative, were generally necessary, and when the colon was so overloaded as to occasion disturbance of the heart's action, then warm resinous purgatives, with cold-drawn castor oil, were generally the best remedies. But if disturbance of mind was connected with disorder of the heart's action, little good would be effected, unless that could be removed. When the affection had arisen from copious losses of blood, rest in a fresh atmosphere, a bland diet, with the employment of digitalis and opium, aided by a tepid or cool shower bath, were generally the best measures; and when the disturbance had been produced by mercury, if the heart's action was excited, rest, aperients, and a spare diet, were most to be depended upon; but in cases where the heart's action was depressed from mercury, then diffusible stimuli and free ventilation were necessary, so long as the depression continued.

Chronic diseases of the Heart.

Dr. ARMSTRONG remarked, that what had been denominated by HEBERDEN, who was a superficial pathologist, angina pectoris, could not be properly considered as one affection, since it arose from various causes. The chief symptoms were, a sudden sense of anguish in the region of the heart, a sense of stricture, or suffocation in the chest, an irregular pulse, attended by general distress, and, finally, by a pain shooting from the region of the heart down the left arm. These symptoms might arise first from mere disorder of the stomach, secondly, from disease about the heart, or large adjunct vessels, and, thirdly, from ossification of the coronary arteries; but he believed that the last mentioned cause was by far the most frequent. When this affection was merely functional, when it depended only upon disorder of the stomach, it would be removed with that disorder; but when it was organic, nothing could be done but to palliate the symptoms, by the most assiduous attention to diet, to rest, and to the regulation of mind. In most organic affections of the heart, patients must be contented to adopt a still mode of existence, and that, with a proper regimen in other respects, would not only protract their lives, but greatly diminish uneasiness.

Simple Enlargement, without dilatation.

The auricles are not often thus affected. The muscular substance of the heart is redder than natural, and the ventricle loses in size what it gains in thickness. The patient is liable to palpitations and dyspnœa, there is a more constant sensation of the heart's action than natural, and often swelling and pulsation of the external jugular veins. If LAENNEC's cylinder be applied, the impulse of the heart will be found stronger, and its sound duller.

Enlargement, with increase of the Cavities.

This is generally called, but improperly, active aneurism. The heart's action is much stronger and more extended than natural, the pulse is remarkably hard and resisting, like packcord, and the patient is liable, especially on mental agitation, strong exercise, or disturbance of the stomach, to attacks of palpitation and dyspnœa. This affection often occurs in rheumatic subjects, and is sometimes connected with chronic inflammation of the pericardium, and sometimes with ossification of the valves.

Dilatation with thinness, and Ossification of the Valves.

Dilatation, with thinness, has been improperly called passive aneurism. The face is generally pale, the pulse feeble, and the patient is liable to palpitations, dyspnœa, and faintings, especially on taking exercise on uneven ground. On the application of the cylinder, there is less impulse than natural, with a clear and extended sound. Dr. ARMSTRONG is confident that ossification of the valves may always be easily detected by the assistance of LAENNEC's instrument, for the sound is of the whiz-gig kind, or like the compression of a pair of bellows, a sound entirely different from

that which exists in a healthy condition of the valves; while dyspnœa on motion is almost always an attendant symptom. He thinks, that in all organic affections seated within the bag of the pericardium, the respiration is disturbed on motion, particularly on motion up stairs, or up a hill, and that the respiration soon becomes comparatively easy when the patient sits down.

Dr. ARMSTRONG pointed out the palliative treatment proper for each of the foregoing affections, and recommended his pupils attentively to study the phenomena of organic diseases of the heart, since a knowledge of them would not only prevent them from making rash experiments, but enable them to render the patients much more comfortable, and also to lengthen their existence. He made some observations on the occasions of organic affections of the heart, showing how they might be most likely prevented, and concluded by some summary remarks on simple dilatation of the arteries, and on aneurism.

LECTURES

DELIVERED BY

MR. CRAMPTON

IN THE THEATRE OF THE NEW MEATH HOSPITAL, DUBLIN.

LECTURE 4.

On the Venereal Disease.

GENTLEMEN,

I SHALL now proceed to conclude the treatment of chancre. With respect to the length of time necessary to maintain the use of mercury in order to cure a chancre, I think four weeks sufficient. Sir ASTLEY COOPER says three weeks will do. This, as an average period, I consider too short, unless you have healed the chancre in the first week, by using sulphate of copper, and such local treatment as I have already recommended. In general, the mercurial action should be kept up for ten days after the chancre has been healed. If the patient's mouth should be too strongly acted upon by the mercury, you must of course suspend its use for a few days. In such cases, you are not to take into account the interval that may elapse, between the suspension and the resumption of the medicine. You will find it laid down as a general rule, to maintain the action of mercury until the hardness of the chancre is entirely removed. This is good as a general rule, but it has exceptions, for in many cases the hardness of a chancre will remain for weeks after the disease is perfectly cured.

Of Sloughing Chancre, as it occurs before the administration of Mercury.

In my last Lecture, I treated of a sloughing chancre, which arises during the use of mercury. No two diseases can be more different. Some doubt the existence of this species of chancre; but those who have had, as I have, ample opportunities of seeing it, entertain no doubt whatever on this subject. It is most frequently found among women, particularly those wretched prostitutes who infest the streets. These unfortunate females generally sleep out during the whole night, and they drink immoderately of ardent spirits to sustain them in this life of misery and exposure. When they contract the venereal disease, they still continue to drink and sleep out at night, and the venereal irritant on such a habit produces this most dreadful and terrific disease. Soldiers are also extremely liable to contract this species of sloughing chancre, from the habitual intoxication in which they indulge. This disease arises quite independent of the effects of mercury. It begins by some angry pimples of a fiery red colour, surrounded by a heated and excoriated skin. These pimples burst and discharge a reddish watery humour, and expose a slough of a greenish black hue. The constitutional fever runs high, the patient becomes weak, the pulse is rapid, there is great prostration of strength, and the countenance presents a cadaverous aspect. The sloughing, in the course of a few days, proceeds extensively. In one week I have seen the slough of a chancre on the thigh spread to the buttock, and produce a hole there in which you might thrust your hand. No treat-

ment in this stage of the disease can save the patient. Mercury is poisonous, and bleeding is as bad. The powers of life are sunk to the lowest ebb; they sink quicker than in any other species of inflammation, and a fatal termination inevitably succeeds. But in healthy, strong, young women, the case is different; here bleeding may be tried with advantage, and leeches applied. In a few days the slough changes, the surface of the sore assumes a more healthy aspect, and you may then commence giving mercury. But the best plan is to support the weakened system with wine and porter in large quantities. Persons, such as I have described, whose constitutions are debilitated, and who, from their habits, are most exposed to this disease, require the usual stimuli to effect their recovery. These may be assisted by ammonia, camphor, and opium. In St. Thomas's Hospital, the medicine now generally used is five grains of ammonia to ten grains of musk. Nitric acid is a good medicine, both internally and externally in this disease. One drachm of nitric acid to one or two quarts of barley water forms an excellent internal remedy in this disease. The fermenting poultice is also a useful application to these sores. It may be formed of equal parts of raw and boiled carrots, pounded with wheaten flour, and a little treacle and barm. This poultice, when laid before the fire, ferments, and may then be applied. I have also found the balsams of Peru and Copaiba useful as external applications. No mercury should be given until the sore has assumed a syphilitic aspect, for it is two to one but the sloughing process has swept away every trace of syphilis, and left behind it a clear healthy sore. The secondary symptoms may never appear. It is at the same time better to wait; for, do what you will, you will not be able to overtake them, and you may, by beginning with the mercury too early, induce that dreadful malady formed by a combination of the venereal and mercurial poisons. The slough in a male patient sometimes destroys a portion of the urethra; very distressing symptoms hereupon ensue, such as effusion and fistulous sores. To heal these, different means have been employed. The best way is to make the surface raw, by touching it with concentrated nitric acid; the skin will contract, and, by keeping the edges raw for a time, a cicatrix will at length be formed, which completely closes the opening. When the breach is too wide to be closed in this manner, Sir A. Cooper has often succeeded in healing it, by removing a portion of the sound skin, having previously rendered the edges of the sore raw, and laying it over them. Union has then taken place, and the fistulous opening has completely closed. Among the very numerous consequences of chancre, warts may be enumerated. They arise in the membrane covering the glans penis, and occur generally in those persons who have been affected with a natural phymosis. They are of two kinds—*soft*, which are composed of effused coagulable lymph, and the *hard*, which are the same, becoming in progress of time firmly organized. These warts may be destroyed by a variety of caustics. The applications in use are the compound savine ointment and the sulphate of copper. But the most certain and effectual is the muriate, called the butter of antimony. When they have a small narrow base, they may be extirpated by the knife. *It is a curious fact, that the blood of these warts is infectious;* that is, it will, when applied to the parts, produce warts of a similar description. Sir A. Cooper relates cases of this description; amongst others, there is a remarkable case, where a wart was brought on in this way, under the nail of a student's finger, which was followed by an erysipelas. I have seen many cases in which warts were produced in this manner.

Of Bubo.

A bubo may be defined an inflammation of an absorbent gland, caused by the absorption of the venereal virus, or by the propagation of any species of irritation along the absorbents leading to that gland. The bubo which succeeds a chancre is a truly syphilitic affection, and the matter of it is contagious. It has been observed by Hunter, that there is a distinctive difference between the syphilitic and the common inflamma-

very bubo; that in the former, one gland only is affected. This is not the fact, the inflammation extends to the neighbouring glands. No bubo should be treated as venereal that has not been preceded by an ulcer. No longer ago than yesterday, I saw a gentleman who had undergone a long course of mercury for a bubo, which had been occasioned by violent exercise on horseback. On no account, then, give mercury for a bubo, which has not been preceded by an ulcer. You should, however, bear in mind, that the chancre may have preceded it by three or four weeks; the chancre, in fact, may have been healed by caustic long before the bubo forms. By inquiring from the patient, and by examination, you may ascertain such circumstances.

Treatment of Bubo.

When you find a patient who has a chancre on his penis complaining of hardness and stiffness in the groin, send him to bed, place a pillow under his knee, apply warm steeps to the sore, and afterwards some emollient dressing; place cloths, dipped in Goulard's lotion, on the groin, and give him a brisk purgative; suspend the use of mercury, and do not use frictions, for instead of dispersing they will increase the bubo; bend the patient's knee on the pillow in order to relax the muscles. Probably, on the second day after you have adopted this treatment, the bubo will begin to decrease; you may then resume the use of mercury; but if it should continue to enlarge do not give mercury, as it will only contribute to irritate it still more. Apply leeches, and afterwards put on a compress and bind it on pretty firmly with a bandage. I can promise you such a bubo will not suppurate. I have succeeded by such treatment in discussing buboes even where the irritation was very great. If suppuration has commenced, it will be accompanied by the usual symptoms; apply a poultice immediately then, and leave off mercury; this is a most important consideration, for as sure as you give mercury you will induce the mercurial disease. When the top of the bubo becomes reddish, puncture it with a lancet and continue the poultice for three days more; next apply an astringent wash; make a compress, with a perforation in the centre; apply this compress, taking care that the perforation correspond with the opening in the bubo; fix it in this situation by a bandage, pretty tightly rolled; leave on this dressing for three days, and when you take it off you will find the tumour subsiding and the bubo rapidly healing. But if the bubo you have to deal with be of a soft indolent character, the treatment must differ from the preceding. If you open such a bubo with a lancet, the orifice will spread and become phagedenic; you must therefore apply common caustic; rub it until you produce a black eschar, and the next day puncture this eschar with a lancet; the inflammation of the eschar spreads around and alters the action of the part. You may thus heal a bubo which, with any other treatment, would remain months open. If you are called to a patient with a bubo having a greenish bottom, surrounding hardness, and numerous sinuses, the treatment is simply this,—cut off the jagged edges with a sharp scissars, run a bistoury under the sinuses, and lay them entirely open; sprinkle the surface then with finely powdered nitrate of silver; in two days sloughs will be thrown off, and you will have the surfaces healthy and healing; then lay on a compress, dipped in a solution of sulphate of zinc, and keep it applied for two days; the surface of the sore will then be smooth, healing, and soon cicatrized. Sometimes these sinuses penetrate deeply; introduce a probe into them armed with some lint, thickly spread with red precipitate; as soon as the sloughs are discharged apply pressure, and you will heal them. Buboes are liable to slough and to become phagedenic. The observations which I have already made upon the phagedena of the penis will apply here. I remember a case which I had under my care, and which strongly proves the powerful effects of a change of circumstances upon local diseases; it was the case of a gentleman who had a phagedenic chancre, by which he lost a great part of the penis. I had applied several kinds of caustic to it; I even applied Fowler's solution of arsenic to it until I had him dancing about the room

with pain; but all to no purpose. His father happened to die suddenly in a fit of apoplexy, and as it was just at the time of the great fair of Ballinasloe, it was absolutely necessary that he should attend there, or lose, perhaps, some thousands. He told me of his situation, and asked my opinion. I candidly informed him that I feared, from the motion of the carriage, the fatigue of travelling, the unavoidable exposure to wet, cold, &c. he would lose the penis. He said he was obliged to go, and accordingly he set off that night in the mail to the fair, with that frightful and ill-looking sore. He remained there three days; during that time the weather was extremely bad, and he was exposed to its inclemency each day from morning until evening. On the fourth day he returned to town and called to see me. Guess my surprize when I found the chancre, which on his departure for the fair presented such a frightful aspect, converted into as healthy a sore as I ever saw. This case, as I have remarked, proves how much a change in external circumstances influences local diseases. I have found cicuta useful in phagedenic bubo. In one case, after giving it for three days, the pain in the bubo entirely ceased.

I have just a few general remarks to offer upon

Lues.

When the disease attacks the first order of parts, it yields more quickly to mercury than when it attacks the second order, and in either the symptoms yield sooner than what are called primary, but they return quicker. As a general rule it should be laid down, that the patient should be kept under the influence of mercury from two months to ten weeks. The venereal disease often attacks the palate and bones of the nose. I merely mention the circumstance in order to point out to you the difference between it and a disease which sometimes occurs in young persons, and which it is, for many reasons, necessary that you should not confound with it. This disease commences by an incrustation of the alæ of the nose; the patient complains of a weight in the head; large crusts form on the nostrils. When it affects the inside of the mouth, an elevated incrustation arises, which subsequently suppurates; the periosteum is attacked by the disease; the bone becomes carious, and if the bones of the nose are affected a perforation takes place through the septum nasi. It is a common disease in persons of a consumptive habit, and you should be particularly on your guard not to confound it with syphilis. The venereal disease often attacks the larynx; the symptoms are loss of voice, &c. You should here inquire if the patient had been exposed to infection, and if there be any doubt relative to the origin of the disease, give mercury; for if it be not venereal the mercury will do no harm, and if syphilitic, it may cure it. If the disease, however, extend to the cartilages, mercury will not cure it. In such a case the best treatment is to employ the fumigation with cinnabar, and give sarsaparilla. In using mercury, the saline preparations are the best, but you should not trust solely to the oxymuriate.

Before I conclude, I may first say a few words about

Iritis.

The usual symptoms are the following: vision more impaired than in common inflammation; the pupil is contracted; the edges are purple; and the colour of the iris is changed. I may refer you to Mr. Hewson's book for a very excellent and faithful description of the symptoms, &c. The plan of treatment is to throw in mercury as rapidly as possible; the best preparation to use is calomel combined with opium. If there be great pain, cupping the temples may be had recourse to.

Gentlemen,—I thank you for the kind attention with which you have honoured me during the course, and I think I cannot more appropriately conclude than by the following lines, from the celebrated poem on Syphilis by Fracastorius, in which he describes a young man whom he knew in the bloom of youth and beauty, but who, by contracting this disease, became a miserable and loathsome object:—

Ipse ego Cœnomanum memini quâ pinguia dives
Pascua Sebinâ præterfluit Ollius undâ,
Vidisse insignem juvenem; quo clarior alter
Non fuit, Ausoniâ nec fortunatior omni:
Vix pubescentis florebat vere juventæ,
Divitiis proavisque potens; et corpore pulchro;
Cui studia, aut pernicis equi compescere cursum,
Aut galeam induere, et pictis splendescere in armis,
Aut juvenile gravi corpus durare palæstrâ,
Venatuque feras agere, et prævertere cervos.
Illum omnes Ollique Deæ, Eridanique puellæ
Optarunt, nemorumque Deæ, rurisque puellæ;
Omnes optatos suspiravere hymenæos.
Forsan et ultores Superos neglecta vocavit
Non nequicquam aliqua, et votis pia numina movit.
Nam nimium fidentem animis, nec tanta timentem,
Invasit miserum labes, quâ sævior usquam
Nulla fuit, nulla unquam aliis spectabitur annis.
Paulatim ver id nitidum, flos ille juventæ
Disperiit, vis illa animi; tum squalida tabes.
Artus (horrendum!) miseros obduxit, et altè
Grandia turgebant fœdis abscessibus ossa.
Ulcera (proh Divûm pietatem!) informia pulchros
Pascebant oculos, et diæ lucis amorem,
Pascebantque acri corrosas vulnere nares.
Quæ tandem infelix fato, post tempore parvo
Æthereas invisas auras, lucemque reliquit.
Illum Alpes vicinæ, illum vaga flumina flerunt;
Illum omnes Ollique Deæ, Eridanique puellæ
Fleverunt, nemorumque Deæ, rurisque puellæ;
Sebinusque alto gemitum lacus edidit amne. (*Loud applause.*)

REVIEW.

Dr. DAVID D. DAVIS *on Operative Midwifery.*

(Concluded from page 109.)

Of Exhaustion of the natural powers concerned in the function of Parturition, as an indication for the use of Instruments.

OUR author contends that the term exhaustion, as used in connexion with cases of tedious and laborious parturition, is most commonly misapplied, and argues, that as such a state necessarily implies "the previous possession of power," so the "efforts of labour are required to be exerted with extraordinary vigour and for a long time, in order to produce a state of the agents of parturition even approaching to what might deserve the name of exhaustion." But since Dr. DAVIS is satisfied that exhaustion succeeds only to protracted efforts of labour, he would appear to assume, either that power is possessed *equally by all*, or that it is *expended* more or less *liberally* by different parturient women; both of which, besides being contrary to the nature of things, are amply confuted by experience, and consequently the Doctor's aphorism, that exhaustion must be ushered in by a day and a night of vigorous labour pains, is of no other value than as indicative of the result of his practice. Suspension of labour the author seems to think of little consequence, upon the principle, we suppose, that although Phœbus may sink "beneath the western wave," it is pretty certain he will again bid us good-morrow. But undoubtedly ex-

haustion may be perfected in a shorter period than twenty-four hours, and what some may think only a suspension of the efforts of nature, may occasionally prove a complete prostration of power. We entirely agree with our author, that "the time occupied by a labour is never to be considered exclusively as a proper measure of its influence in the production of an exhausted state of the parturient powers;" but we must beg leave to differ with him when he states, that a considerable "prostration of the general constitutional strength" cannot exist "without being accompanied by a dangerous contusion of the organs more immediately concerned in the labour." This section of the work is concluded by a case (in which both the parent and the child died) intended to illustrate the opinions of the writer on the subjects we have touched upon, which, in our opinion, it is not at all calculated to do.

Of deficient action of the Organs of Parturition on account of Disease, as an indication for the use of Instruments.

Indurations and schirrosities of the uterus, from which a rupture may be apprehended, may indicate the use of instruments, as may also tumours and other diseases affecting its structure, or that of organs immediately contiguous or subservient to it.

"The presence in the uterus, during gestation, of diseased and unorganized structures, such as molæ and hydatids, the gradual formation of anomalous and morbid functions, and possibly, in a certain proportion, of cases of unsound states, even of the texture of that important organ itself, has sometimes had the effect of so much impairing and, as it were, of paralysing its parturient faculty, as to make it indispensably necessary to have recourse to the use of instruments as an auxiliary, or a substitute for its weak or suspended efforts."—p. 67.

Experience has not furnished the author with a case of this kind, unaccompanied by a state of over distension of the uterus from an excessive quantity of liquor amnii, which by over distending may occasion such an inert state of the uterus as to furnish an indication for the use of instruments, which, however, should never be employed until the contractile powers of the uterus have proved totally unavailing.

Of deficient action of the Uterus from no obvious cause.

The author here speaks of the ergot of rye (*secale cornutum*), and borate of soda. The latter substance is entirely useless, and the former has not been proved to possess much efficacy in quickening the pains of parturition. Dr. DAVIS correctly remarks, that in no "one instance has it superseded the necessity of using the forceps."

Of the influences of Diseases, or the results of diseased states of different Organs, as causes of deficient action of the Uterus.

These are, 1st, *Ascites*, which may have an unfavourable influence on the function of parturition, both constitutionally, by diminishing the general powers of the system, and locally and mechanically, by impeding and otherwise impairing the actions of the abdominal muscles, and those of the

other organs where immediately concerned in the process of child-birth; 2dly, *Asthma*, "which may influence the parturient function in two ways; viz. first, by being the cause of impediment to a free and perfect circulation of blood through the pulmonary system, and thence indirectly that of a feeble state of all the actions of life, and, secondly, by subducting from the general assemblage of powers properly interested, and usually engaged in the process of a portion, at least, of one of its most important constituents, i. e. the ordinarily concurrent agency of the diaphragm and intercostal muscles." In most of the cases of protracted labour from this cause that our author has seen "the earliest stages of the process were those which appeared to have been principally affected by it; whilst, in almost every instance, the use of the forceps became unnecessary as soon as the orifice of the uterus became sufficiently developed to admit of its safe application.—pp. 82, 83.

3dly, *Emphysema:*

"Emphysema from the rupture of a part of the bronchial structure of the lungs during labour, is an incident to be imputed exclusively to extreme severity of the labour pains I have myself seen four such cases, and they all occurred in the midst of a tremendous excitement of the heart and arteries. I had no hesitation in recommending very copious bleeding, which in every instance afforded the most marked relief. Three of the patients were delivered without mechanical assistance. In the fourth, the forceps was introduced to improve the position of the fœtal head, and then withdrawn. All the children were born alive. The mothers recovered perfectly satisfactorily, and the emphysema vanished without *puncturing the integuments*," which is by no means remarkable.—pp. 83, 84.

Of difficult Parturition from rigidity, and other unfavourable states of the orifice of the Uterus.

Speaking of rigidity, our author says,

"The treatment of protracted labour from this cause must have for its object the removal, or a considerable subduction of the cause itself. That indication is to be obtained in part by mechanical means; but principally and generally more satisfactorily and beneficially by constitutional measures.

The mechanical means are commonly understood, and the principal constitutional measure is the abstraction of blood, which, in some instances, has been carried to a great extent. In one case, for example, Dr. DEWEES, of Philadelphia, took from a lusty patient upwards of two quarts of blood with perfect success, and three years afterwards delivered the same woman by precisely similar treatment.* In another case he employed tobacco enemata, but without success.

The principles to be attended to in the application of the forceps and other instruments, on account of extraordinary rigidity, small capacity, or other unfavourable states of the orifice of the uterus, are comprised in the following rules:—

"1. Simple rigidity, without disease, will generally yield to judicious constitutional treatment, and the cautious use of the finger; and therefore, in such cases, the application of the forceps will very rarely be required.

* Midwifery, p. 379. Dr. DAVIS justly condemns prospective bleeding in anticipation of a mere possibility, which might or might not be realized by the event.

2d. The operation of vaginal hysterotomy should never be had recourse to, until after the failure of every fair attempt to remove impediments to the dilatation of the orifice of the uterus by the finger, or rounded end of a catheter or sound.

3d. It should always have for its locality, as the centre of the incisions to be made from it, the proper situation of the os uteri, indicated usually by a cicatrix, nipple-like projection, a sort of sulcus between the agglutinated labia of the part, or some other specific peculiarity in the feel of its structure. To guard against all possible rashness, I would suggest, that so important an operation should never be undertaken without the sanction of a well-appointed consultation.

4th. As an operation of so much consequence should never be undertaken too soon, nor until the evidence of its necessity shall have been rendered perfectly satisfactory; so, on the other hand, it should not be delayed too long, so as to expose the structures concerned to the dangers of fatal contusion and laceration.

5th. After forming and freely communicating to the friends of the patient a suitable prognosis, the operation of vaginal hysterotomy should be performed, even in the most desperate circumstances, rather than suffer both mother and child to perish, without any effort to save them.*

6th. Should the section of the orifice and neck of the uterus be unfortunately succeeded by a profuse hæmorrhage, or, in the event of its being so long delayed, that it might be highly improbable that the uterus would be competent to resume its office, or finally to effect its own delivery, then it should become a matter of deliberation with the practitioner, whether he should further assist, by having recourse to the use of the forceps, or to the manual operation of delivering by the feet. As a general principle, it cannot be denied, that the hand, being of softer texture, and itself endowed with feeling, would be the more gentle instrument. On the contrary, if we suppose the fœtal head considerably advanced, or deeply engaged in the cavity of the pelvis, and a sufficient extent of communication to have been made between the uterus and the vagina, it is evident that the application of the forceps might prove a much preferable measure. To secure, however, all the mechanical advantages attainable in such deplorable cases with the least possible additional injury to parts already wounded and perhaps diseased, our art should be furnished with a much greater variety of instruments of the forceps class than it has hitherto possessed."—pp. 96, 97, 98

It is impossible, by any analysis that our limits will allow, to give an adequate idea of the compartments of the work which succeed to the principles above cited, more particularly of those which are devoted to the consideration of "syncope during labour," the "importance of a just prognosis," convulsions, and hæmorrhage; nor is it possible, without the assistance of plates, to explain with sufficient accuracy to be useful the various modifications of instruments, and their application, that are here proposed and described, because the author, relying upon the excellence of his plates, has not been so particular or copious as he might have been with his descriptive letter-press; but this is hardly a fault, for certainly the former method of illustration possesses many advantages, and without it, probably the subject could scarcely have been rendered at all intelligible, or at least to the extent it is at present. There is one instrument notwithstanding (the forceps) which our author tells us, upon the authority

* Dr. DAVIS here cites a case in illustration of this principle, from HEATH's translation of Baudelocque's Midwifery, vol. ii. p. 107, and refers to another in Leroux's Journal, vol. xxxvi. p. 154.

of the late Mr. Lowry, cannot even be described by a drawing, and of this he strongly recommends instrument-makers to procure a model from the original maker;* again, speaking of other instruments, he says "It is extremely difficult to give a drawing or description which would enable a workman to make them without a model." The plates, however, have the merit of showing their correct application, under the various positions and circumstances which indicate their use, but this also, as our readers must be aware, is equally inexplicable, without such graphic illustrations as a reference to the volume can alone supply.

There is one instrument (the osteotomist, or bone-pliers) which the author recommends in cases of extreme distortion of the pelvis, as capable, not only of enabling "skilful operators to effect deliveries in cases of moderate distortions with much more facility to themselves," but also "of reducing, almost to zero, the necessity of having recourse to that last extremity of our art, and the forlorn hope of the unhappy patient, the Cæsarean operation." The instrument appears to be of considerable power, and is thus described:—

"The whole is made of solid and well-tempered steel; its cutting ends are worked into two long and fenestrated oval rims, of unequal size, but of nearly equal strength; the smaller is of a size to enter into and to fit closely within the parietes of the larger; the mutually adapted parts of each being formed into a continuous oval edge, they become competent, when brought together and firmly applied to their object, to exert a prodigious power upon a portion of bone placed within their grasp; the handles are of great length in proportion to the parts anterior to the joint, and being of sufficient strength to be perfectly inelastic and inflexible, their power must be deemed equal to the full length of their leverage, multiplied by the muscular force employed in using them."—pp. 305, 306.

"One or two sections taken out by the osteotomist from the *basis* of the skull, which is by far the most bulky part of the fœtal cranium, will generally have the effect of putting an end to all difficulty. In cases of greater confinement, a few additional sections will, perhaps, require to be made, in order to give a sufficient degree of facility to the after part of the operation. The extreme breadth of the broadest oval rim of the osteotomist is precisely three-quarters of an inch; I may, therefore, take it for granted, that wherever there may be sufficient space to admit of the introduction of this instrument, together with the point of an index finger to feed it with successive purchases of bone, it will be practicable to effect, and therefore prudent to attempt, the delivery by the natural passages.—There are few pelves, even in large collections of distorted ones, with superior apertures so small as not to furnish from between an inch and an inch and a half of space in the direction of their congregate diameters; or, at least, of antero-posterior diameters across some part of their brim. In any such cases I should think it my duty to avail myself of the use of the osteotomist, and to undertake the delivery by the natural passages."—p. 307.

This instrument, and the mode of using it, are accurately described by a plate. Dr. Davis, it seems, has certain models of several deformed pelves, made of very hard oak, which by the aid of straps and buckles, and an os coccygis of very strong leather appended to the parts of the apparatus, representing the sacrum,

* Mr. Botschan, of Worship-street, Finsbury-square.

"as also sacro-ischiatic ligaments of the same materials, and certainly not less yielding than their natural prototypes, which are fixed, at their proper points of attachment respectively, to the sacral and ischial bones, by strong brass plates," &c. All these things being arranged, "little subjects," generally the produce of still-births, or of deaths supervening shortly afterwards, are firmly strapped down in the position determined upon at the brim of distorted pelves, and a principal operator, and two assistant pupils, are appointed to undertake the delivery. Among these "representative" pelves, is that of Elizabeth Thompson, described by Dr. HULL, in which "the largest circle that can be formed in any part of the superior aperture does not exceed, in diameter, one inch," through which, it would seem, Dr. DAVIS has osteotomised and extracted the remains of several dead children. No doubt such apparatus as these are extremely ingenious, and better calculated than precepts to initiate the pupil into the mysteries of the art; but it must be borne in mind, that here are no soft parts to interfere with or to be injured by the free motions of the operator; besides which, there are other hindrances and circumstances to be considered, which may render a very confident and successful practitioner on "representatives" a very silly and inefficient one in the puerperal chamber, where, at last, he who wishes to learn this art will be compelled to resort. Such contrivances, however, are not without their value, nor are they, we believe, altogether without precedent.

In what respect the pupils from this "wonder-working academy" surpass those educated at other schools we have not been able to discover, but it certainly does appear to us, that the almost indignant tone of superiority which the teacher and author has assumed (however much his zeal for the advancement of operative midwifery may be pleaded in mitigation) would have been "more honoured in the breach than in the observance." Such a line of conduct but ill accords with our notions of excellence, or with our views of propriety. We do not take Dr. DAVIS to be an invidious sinner, nor do we think that he has trespassed to the extent that others have, or at least to the extent that a modern surgeon and vain and self-opinioned *critic* has, whose conduct has been so much and so justly reprobated in this metropolis, and whose fate, we trust, will be a beacon to future lecturers and authors not to allow the insignificant approbation of a few foolish friends to induce them to risk their frail barks of reputation on the oceans of controversy, or to propel them upon those fatal quicksands which self-esteem, self-complacency, and narrow-minded views and prospects of self-interest, are sure to meet with. It may be pleasant to do so and so, to endeavour to obscure a rival's fame, or to monopolize, if it were possible, all the knowledge of the day; but of this we are sure, that the man who has the most science will ever be the most humble, and that he who possesses the least will of consequence manifest the greatest arrogance and

the most profound conceit. All such employments should be avoided, as Horace hinted long ago:—

Interfusa nitentes
Vites æquora Cycladas.

Withal, in spite of what we have been obliged to say, the present work is, in our opinion, the most complete that has yet appeared on the subject of operative midwifery, and will be placed on the shelf with JOHN BELL's "Principles" and COOPER "On Dislocations," with a certainty of being remembered and consulted as long as either.

LIVING SKELETON.

THERE is a sort of rabid curiosity which afflicts the inhabitants of this metropolis, and which, like canine madness, seems to increase with the influence of the dog-star. It is, accordingly, at this season of the year that speculators generally attempt to turn this disease to account by the introduction of some extraordinary novelty. Not a summer passes without its mermaid, its fire-eater, or its Bonassus; and the public are now invited, at the moderate charge of *half a crown* a dupe, to the spectacle of an emaciated Frenchman, under the attractive title of a "Living Skeleton." This exhibition is one of the most impudent and disgusting attempts to make a profit of the public appetite for novelty, by an indecent exposure of human suffering and degradation, which we have ever witnessed. We are not, however, about to gratify the person who has dragged the victim of his cupidity from his native country, for the purposes of a public exhibition, by expressing any extraordinary indignation at his conduct. He is, no doubt, perfectly aware of the advantages of the "puff collusive," and would be well content it should go forth to the public, that the "Living Skeleton," as he styles this unfortunate foreigner, is a sight which nobody ought to see, and which, nevertheless, every body was profligate enough to be running to see. We shall better defeat his mercenary object by stating, that a month's attendance in our Hospitals is sufficient to render such spectacles as this "Living Skeleton" but too familiar to the eyes of the student, and that we have frequently seen cases of emaciation, from phthisis and disease of the mesenteric glands, quite as afflicting as that for the exhibition of which an attempt is now made to extract money from the pockets of the public. As to the statement, that this wretched individual enjoys a state of perfect health, it is, upon the face of it, ridiculous; and the slightest examination of the patient establishes its falsehood. It is a case of disease and suffering to which the public are invited—disease, for which there is no remedy, and suffering, which admits of no termination, except that which is likely to be accelerated by the daily exposure of the patient's person in a state of *nudity*, to be gazed at and handled by idle and senseless spectators. We were sorry to find that the person who has brought over this unfortunate foreigner, under the hypocritical pre-

tence of promoting the interests of science, is an Englishman, but our surprize was somewhat diminished on hearing that he is also a *Saint*. It is "under Providence," it seems, that he hopes to be the instrument of advancing science, by exhibiting a THIN FRENCHMAN at two shillings and sixpence a-head! The following is the exquisite paragraph in which this pious purpose is announced:—

"In this enlightened age, when science has advanced with rapid strides, and borne down before it every prejudice which ignorant and interested pretenders have attempted to oppose to its course; when the excellence of the arts, of literature, commerce, chemistry, and medicine, have arrived at great perfection, owing to fair discussion and open inquiry, every man must feel proud and conscious that he is rendering a true and important benefit to mankind in general, and to his own country in particular, whenever he is the instrument, *through Providence*, of bringing before the observation of scientific men any object calculated, through their inquiries and researches, to meliorate the general condition of our corporeal state, and render us more intimately acquainted with the formation of the human frame, and the extraordinary sports of nature, occasionally exhibited in its construction."

Cant and hypocrisy are here prominent enough! In the name of JOE BUNNS, what does the Showman mean by stating that the exhibition of such an uninteresting creature is calculated either to "promote the interests of science," or "meliorate the general condition of our corporeal state"? To us it appears capable only of exciting disgust. We have, however, no more space to allot to the subject, but may perhaps recur to it, if this outrage on public decency should be persisted in.

THE DUBLIN HOSPITALS.

To the Editor of THE LANCET.

Dublin, Aug. 4th, 1825.

SIR,—The Surgical Pupils of this City have some reason to complain of the indolence of your learned and astute Correspondent ERINENSIS, in his neglecting to visit the various hospitals of this metropolis, where he would find the most gratifying opportunities of applying his caustic applications to baneful excrescences of morbid growth, which have been time immemorial equally injurious and vexatious to operators and spectators, patients and pupils, but which would soon yield to the severe but wholesome dressings you employ.

Hitherto ERINENSIS has only amused himself and the public with the Professors, but let him tickle the Hospital Surgeons a little, and I shall promise that he will find rare sport amongst them. These observations will be illustrated by an occurrence which I shall now detail.

On Tuesday last (2d August) hearing that the operation of removing a portion of the lower jaw, on account of an osteo-sarcomatous disease, was to be performed at the Richmond Surgical Hospital, I made my way, with many others, uninvited into the operating theatre of that institution. This room, though larger than any of the theatres of the London Hospitals, was nearly filled by Pupils and Surgeons; the former seated on the benches, the latter standing on what may be termed the stage, and obstructing and mobbishly closing up its whole area. The patient was a boy about fourteen—the operator, Mr. CARMICHAEL. The patient was placed on the lap of an able assistant, but on the first incision the boy screamed and struggled with so much violence that it required much more than the strength, applied as it was, of the many broad-shouldered gentlemen surrounding him to keep him on his seat, but as to securing his head, the more hands that attempted it the worse they succeeded. A regular confusion now ensued; the operator supplicated

for light, air, and room; his privileged brethren thronged but the more intensely about him; the pupils lost altogether a sight of the patient, the operation, and even of the operator. The patient was shifted to a table, but still remained invisible; his continued screams, however, and the repeated remonstrances of Mr. CARMICHAEL, insisting for elbow room, assured us that the operation was still going on, but as to a glance at the *res gesta*, we might as well have been posted at the outside of the building.

This scene (if scene it could be called that *seen* was not) continued upwards of half an hour, when at length the pupils were gratified with a view of the piece of the jaw-bone which had been removed, and which exhibited an interesting specimen of this disease in its early stage, while the medullary substance is still encased by bone. We also saw the boy walk stoutly out of the operating room, notwithstanding his sufferings and loss of blood, without deigning to avail himself of the assistance which was proffered to him on all sides.

Now, Mr. Editor, is not an operation thus ill-managed and obstructed a disgrace to the elders of the profession, uninstructive to the pupils, and dangerous in the extreme to the patient? How the operator, incumbered and pressed upon by crowds, was able to perform his work is more than I can conjecture. He must certainly have the qualifications of coolness, determination, and self-possession, in no slight degree, who could accomplish such a task amidst such obstructions. I heard him repeatedly call for fresh sponges and instruments, but the pupil who had the care of the *materiel* had been hustled out of his place and could not, without the greatest difficulty and delay, struggle back to the table.

Why did his colleagues of the hospital permit the operator to be thus hampered and harrassed? If *one* of the number, instead of cracking his jokes, had cracked some of the numbskulls which intercepted the light from the patient in his perilous situation, he would have better deserved the appellation of "Paddy Carey," with which ERINENSIS has christened him. I observed two Foreigners present, who shrugged their shoulders at the irregularity they witnessed, and I could not avoid blushing for my disorderly countrymen.

Many other matters requiring your correcting hand, Mr. Editor, press upon my recollection, and I shall furnish you with them in some future communication, if I find that the present shall not be considered unworthy of your notice; and I remain your obedient servant and warm admirer,

A PUPIL OF THE COLLEGE OF SURGEONS IN IRELAND.

P. S. I yesterday (Wednesday) visited the Richmond Hospital again, for the purpose of seeing an amputation of the arm by the same operator, and I was well pleased to hear that gentleman, in the presence of the pupils, give directions to the apothecary to have permanent seats erected for such of the seniors of the profession as might be present, "which arrangement," he observed, "will place the visitors in their proper station, that of spectators and not of performers, and prevent that officious and indelicate interference which embarrasses the operator, obstructs the view of the pupil, and, what is of more consequence, may even endanger the life of the patient."

To the Editor of THE LANCET.

SIR,—I should indeed have been astonished had my letter remained unanswered, but my gratification would have exceeded my surprize had the charges against Mr. STANLEY been contradicted by facts instead of unsupported assertions. "A Dresser of St. Bartholomew's" sees, if I recollect rightly, through a false medium; and, sincerely as I regret his organic infirmity, I lament still more his mental blindness. He preconceives the question he undertakes to defend, and weighs Mr. Stanley's merits by his pupillary patronage. His impotent defence is converted into an *innocent* attack on the "Pupil," which does less credit to his head than his heart. He mistakes my premises, falsifies my conclusions, and, hurried away by the impulse of the moment, he confidently asserts what I as coolly contradict. Even "A Dresser" must be

aware that assertion is no proof, and I feel, sir, as little delicacy for Mr. Stanley as his injudicious friend, to whom

"I could a tale unfold, whose lightest word
Would harrow up his soul, freeze his young blood,
Make his two eyes, like stars, start from their spheres,
And each particular hair to stand on end
Like quills upon the fretful porcupine."

I begin to think this defence is a piece of consummate irony, for really any cool unimpassioned reader, marking the profusion of abominable epithets, such as—"vile and opprobious—false and malignant—base insinuations—implacable hatred—envious and contemptible individual"—with which this *advocate for decency* bespatters me, will instantly suspect that the writer is another "masked monster," having a *Gorgon's* head, piercing Mr. Stanley under the garb of amity. An injudicious friend is worse than an open enemy. Were he really desirous of defending Mr. S. from unjust attacks, a dignified style, gentlemanly language, and undeniable facts would best become his knight errantry. I advise "A Dresser," if he values his friend's feelings more than his Quixotical ambition of appearing in print, not to gratify his *cacoethes scribendi* at his expense. It needs no penetration to discover that he has got beyond his depth; perhaps this is his maiden effort, and, like most first feats of knight-errantry, is characterised more by rashness than reason—indiscretion than prudence. Let him beware how he advocates a cause he is unprepared to defend, especially where the retaining fee is self-gratification. That he is professionally ignorant is evident from the libellous comparison he has made, by naming Mr. Stanley in the same breath with a Lawrence. Perhaps this is another proof of his ironical powers, for, in common with the rest of the profession, we have yet to learn in what one particular the similitude exists. To conclude; whether, Sir, I am unworthy to unloose Mr. Stanley's shoe latchet is a question about which I feel no uneasiness; though I have little doubt but "A Dresser" would perform a more menial office to stand well with the unfortunate individual whose character can be so easily shaken by the breath of such "an envious, contemptible, and insignificant creature," as

A PUPIL.

This is the last Letter we can admit upon such an individual as Mr. STANLEY, who is altogether too insignificant to be allowed to occupy our pages with controversy.—ED.

To the Editor of THE LANCET.

SIR,—The week before last I took the liberty of addressing a few lines to the Medical Public, through the medium of your valuable journal, complaining of grievances which I, in common with other Dressers, sustained. My object, in making those observations, was not so much to criminate the conduct of House Surgeons as to expose that of their Principals, and to show the deceptiveness of the system which they employed to increase their own importance and emoluments, without any regard to the benefit of others. To develope this worst of cheating and bring it before the public I have long wished; to analyse its subtleties and investigate its wiles I have long laboured, and I trust I shall receive as a recompence, if not an amelioration of my own oppressions, a mitigation of them for those who may succeed. A course of fraud cannot be long pursued without detection—honour and justice cannot be trampled on unrevenged, and I anticipate a period when the punishment consequent on the detection and exposure of the dresser-mongering system now adopted at St. Bartholomew's, will be an absolute want of them. It will then be proved, whether or not the House Surgeons are capable of doing the drudgery which now falls to the lot of these dento-phlebotomists. I have been informed, that the Governors do not recognize such individuals as Dressers, and in their instructions to the House Surgeons they desire them to attend, personally, to every accident and every case in the hospital (a copy of which is generally shown to Mr. Abernethy's friends as

a placebo post exitum), evidently making them responsible for their well or ill doing; if such is the case, and I firmly believe it is, they, so far from being culpable for attending Dressers' cases on their accident day, ought to be commended for it; and negligence and dereliction of duty might be fairly laid to their account if they omitted to do so. It would be very satisfactory, however, if the duty of Dresser and House Surgeon was more explained and distinctly defined; the aperient power of the Dresser would then be found to vanish as bravado sinks in the presence of courage; his nominal qualities would only be left, which, like many other things, serve no useful or beneficial purpose; at present, the mode pursued by each is a complete "catch if you can." If a Dresser attends to an accident, he is afraid the House Surgeon should see him; and if the case does ill, he is reproved for his unwarrantable and clandestine proceedings; if it does well, the House Surgeon is sure, during the cure, to be poking and interfering, so that the Dresser still gains no credit. Under such circumstances, it is vile humbug to talk of a Dresser's Accident day; it is no more than a day on which he attends to bleed and draw teeth for all such as desire it. If any other case occurs which the Binary Compound do not like, the labour of it is handed to the Dresser as an act of charity on the part of the House Surgeon, for which he, the Dresser, is under a vast obligation.

Before concluding, permit me to say that I perfectly coincide with the sentiments expressed in your Notice to Correspondents, that the Dresser who pays fifty guineas for his situation is a blockhead, if he is previously acquainted with what I have endeavoured to explain; but it must be recollected that this knowledge is usually the result of a dear-bought experience; if they, however, enter upon the same afterwards, blockheads they are and must be to their own interest, and prejudicial to that of others.

TUTISSIMUS MEDICUS.

St. Bartholomew's Hospital,
24 August, 1825.

To the Editor of THE LANCET.

SIR,—The oppressions under which the Dressers of St. Bartholomew's have laboured for the last seven months appear to be but a prelude to more important encroachments. The numerous readers of your widely circulated paper must already be aware that they are mere nominal characters, whose official duty consists in little more than phlebotomizing when commanded.

That fifty guineas should be extracted from their pockets under the fallacious promises that are held out to them by the surgeons, is a circumstance which cannot be too much exposed, or sufficiently reprobated. That the Dressers are thoroughly duped, cannot be denied. I should be ashamed of exposing their imbecility to a medical public, were I not aware that many young men are intending to fill those offices, who may be ignorant of the insignificance of what they are so anxious to obtain. The present House Surgeons, Messrs. SCOURGE and ALLWORK, (sound headed men, as Mr. ABERNETHY calls them,) seem determined to push matters to extremities, by their ungentlemanly tyranny and officious interference. I absolutely heard a fellow Dresser seriously chid by Mr. SCOURGE, for allowing a flea bite to be dismissed on accident day without his inspection. A scratch has no right to be dressed till the House Surgeon has examined it, and dictated the proper plan of treatment; nor can a fracture be put in splints till he has pronounced it deserving of them. One of Mr. ABERNETHY'S dressers, however, determined to resist so unpleasant a yoke, and ventured to put a strip of adhesive plaster on a cut head, *ex judicio suo*; but the all-knowing Mr. SCOURGE, taking for his rule, I suppose, "obsta principiis," indignantly tore off the dressing, to the annoyance of the patient, chagrin of the Dresser, and surprize of the pupils, and, I may add, to his own disgrace. On Mr. E—e's complaining of such conduct, he was told that his nose would suffer unless his tongue were silent. The valiant House Surgeon having cautiously regulated his threat by the stature of his rival. Thus a Dresser enters upon disadvantages, and is

brutally insulted, without any means of redress, except, indeed, getting out of his situation, which, however, he cannot dispose of to advantage, owing to the market being glutted with too many offers of sale of the same description. If you, Sir, or any of your readers, can point out a remedy for such aggravated abuses, it will greatly oblige; if not, the insertion of this may deter some unsuspecting Tyro from becoming the dupe and plunder of Hospital Surgeons.

A DRESSER.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Extensive Ulceration succeeding Venereal Bubo.

THE following case affords an example of that species of ulceration succeeding bubo which is particularly noticed by JOHN HUNTER, in his work on Venereal Disease, when treating "of the consequences of buboes."

D. Christey, a stout man, about 50 years of age, was admitted into the Hospital on January 26th, under the care of Mr. MORGAN, with an extensive ulcer in the left groin, which he stated was in consequence of venereal disease, and gave the following history of the affection. About five months previous to his admission, he had chancre, followed by a bubo, which suppurated. Under the direction of some surgeon, he took mercury until the mouth became affected, and the sore got nearly well, when suddenly it assumed an unhealthy appearance, and spread considerably. He now consulted several surgeons, but under no plan of treatment did the sore heal in the least. He *says*, that at this time his general health was "tolerably good;" and under these circumstances he came into the Hospital. The character of the ulceration is as follows: it extends from the upper part of the thigh inside, on a line with, and close to the middle of, the scrotum, running up the abdomen nearly as high as the crista ilii, and is about two inches in breadth; the edges of the sore are hard, irregular, and inverted, and they have the peculiar appearance of being "snipped out;" very large, irregular, ash-coloured granulations are at the bottom of this ulcer; it is, however, not very deep; it was not more than half its present extent when the patient came into the Hospital.

After his admission he was directed to take

Powder of Sarsaparilla, 1 drachm,
Quicksilver, with chalk, 2 grains,

in a powder, to be taken three times a day, and the diluted nitric acid lotion to be applied to the ulcer; after a few weeks, the quantity of quicksilver, with chalk, was increased to five grains each dose, and the cataplasm of hemlock applied; the sore did not appear to yield in the least to this plan of treatment. It would be tedious to enter into a regular detail of all the medicines exhibited and applications used; it will be sufficient to enumerate them generally, and nearly in the order in which they were used. Ointment of opium and lard to the ulcer, with the internal exhibition of bark and nitric acid, yellow wash, a strong solution of nitrate of silver, black wash poultice, arsenical caustic, and the application of pure nitric acid to the ulcer, all alike failed in producing any amendment; a few weeks since, under the supposition, we presume, of some latent venereal disposition, blue pill and opium were given night and morning for a short time, and this being omitted, he took 1 drachm of the carbonate of iron three times a day for about a fortnight, and he is now taking three grains of the sulphate of quinine three times a day, and applies a caustic poultice to the ulcer.

Mr. MORGAN having exhausted the Materia Medica in the attempt to cure this disease, has recommended the poor man to go into the country. We forgot to observe, that the application of the pure nitric acid (which has been so strongly recommended) to the edges of this sore, occasioned much pain, but was not attended with the least benefit.

Case of a severe blow on the Abdomen, followed by symptoms of Acute Peritoneal Inflammation.

Thomas Child, a boy of spare habit, about 12 years of age, was brought into the Hospital on Sunday morning, July 31, at nine o'clock. It was stated that he had been kicked by a horse over the abdomen, and upon examination there was found much discoloration of the integuments about the right iliac region; the accident occurred a few hours previous to the patient's admission, but the constitution had not recovered from the shock; the pulse was small, quick, and feeble, the countenance pallid; still there was not so much depression of the vital energy as could lead to the supposition of any viscus being ruptured. The patient was put to bed, and shortly reaction took place; the pulse became quick and contracted, the abdomen tender upon pressure, and the patient very restless.

At noon, Mr. CALLAWAY directed him to be bled from the arm, which was done to the amount of six ounces, when he became faint; after the bleeding he took calomel, three grains, opium, one grain; the bowels were shortly after this slightly moved once.

In the evening the tenderness of the abdomen had increased, and it was more diffused. Pulse very quick and sharp, and he frequently vomits a greenish coloured fluid. Ten leeches were ordered to be applied to the abdomen, and after their application, warm fomentations, and an enema of castor oil immediately.

August 1st. We find the pulse this morning upwards of 130, and wiry, the tongue covered with a brownish yellow fur, and dry in the centre; he complains of thirst, but the stomach is so irritable, that it immediately rejects any liquid taken, and the same kind of green fluid is thrown up; the abdomen is exquisitely tender, and it is also tense. The leeches bled freely; the castor oil enema of last night produced no evacuation; it was repeated early this morning, but the bowels have not been opened.

Eight leeches were ordered, by Mr. KEY, to be applied to the abdomen, and a colocynth enema to be administered directly. In the evening the symptoms were very urgent; pulse 130, and still denoting action; the countenance pale and anxious, the breathing hurried, and principally performed by the assistance of the intercostal muscles; the stomach continues to reject every thing, and the abdomen is exceedingly tender and somewhat tympanitic; the skin and tongue are both moist, and the colocynth enema only procured one evacuation. A blister was ordered to be applied to the abdomen, and a pill composed of

Calomel, 1 grain,
Opium, 1 grain,

to be taken every four hours, with a dose of saline effervescing mixture; he commenced with these medicines at seven in the evening.

2d. The patient is better to day, he slept well during the night; pulse 108, and more compressible, still much tumefaction, and great tenderness of the abdomen; he had a castor oil enema late in the evening, and it was repeated this morning, but they only produced two scanty evacuations; the tongue is moist, covered with a yellowish brown fur; the stomach does not now reject liquids, and the countenance is less anxious than last night. He was directed to omit the former medicines, and to take 1½ drachm of castor oil, mixed with mucilage, and 5 drops of laudanum every four hours. Another blister to be applied to the abdomen; that applied last night produced no effect.

3d. The bowels remain obstinately constipated; he had a castor oil injection last night and this morning; the mixture prescribed yesterday was immediately rejected by the stomach; the abdomen continues tense, and very tender upon pressure; pulse 108, and small. The patient was seen by Mr. KEY early this morning, and he directed some pills, composed of calomel, rhubarb, and aloes, which, however, were brought up by vomiting, he afterwards took a dose of sulphate of magnesia. At two, p. m. calomel, 1 grain, opium, ½ grain, were exhibited, and the dose directed to be taken every four hours.

4th. The patient has certainly experienced relief from the calomel and opium; the abdomen still continues tumid, but it is less tender, and vo-

miting is not so frequent; tongue moist, covered with a brownish fur; pulse 100; he seems drowsy, which is probably from the opium contained in the pills. A common oil enema was given this morning, which returned unchanged; it was directed to be repeated this evening, and to continue the pills.

5th. Pulse 96, soft and regular; tongue less furred; the bowels have been freely evacuated; the fæces dark coloured, scybalous, and exceedingly offensive; the swelling of the abdomen is lessened, and the stomach now retains its contents; he was ordered to omit the pills.

7th. Our report of to-day is equally favourable; the bowels were so much disturbed yesterday, that it was thought proper to check the diarrhœa by the exhibition of small doses of compound powder of chalk, with opium.

Case of Compound Fracture, with Dislocation of the upper head of the Fibula.

William Gabel was brought to the Hospital and admitted into Job's Ward, under the care of Mr. KEY, early on the morning of August 3d, with severe injury to the left leg. Upon examination, it was found there was a most extensive lacerated wound on the outside of the leg; it extended from the outer condyle of the femur, several inches down the leg; the peronæal muscles, and the gastrocnemius internus, were torn from their attachments to the fibula and also much lacerated; the fibula was fractured about two inches below the head of the bone, and it was separated from its articulation with the tibia, being only held by about one fourth of the capsular ligament and by the attachment of the biceps; the branches of the peronæal nerve were torn through and the trunk exposed, which was much injured; there was very little hæmorrhage.

Mr. KEY detached the fibula from its slight remaining connexions, and cut through the trunk of the peronæal nerve, just previous to its division into deep and superficial branches; some of the lacerated parts of the muscles were removed, and the wound closed as nearly as possible by means of adhesive plaster and two sutures at the upper part. Much constitutional irritation succeeded this injury; on the following day after the accident the pulse was very quick, the limb was swollen, the patient restless, and complaining of much pain; he was directed to take one grain of calomel and half a grain of opium every four hours, with a dose of saline effervescing mixture; and the lower part of the limb to be kept wet with spirit lotion.

8th. The wound has been dressed to-day; it is suppurating freely; he was ordered a generous diet, with porter, and he has omitted the pills of calomel and opium.

Case of Femoro-popliteal Aneurism.

John Rands, aged 43, was admitted into the Hospital August 3, under the care of Mr. KEY, with a large swelling, occupying the inside of the left thigh, at its lower part, and extending into the ham; the tumour had the following characters: it was firm and inelastic, of considerable size, and the integuments covering the tumour appeared to be somewhat inflamed, and a very indistinct fluctuating pulsation could be distinguished at its upper part; the pulsation of the artery in the groin, and also in the middle of the thigh, was readily to be felt, and the left leg was œdematous. The patient is a man of temperate habits, and is employed in some manufactory in the laborious occupation of turning a large wheel; he stated that he had only perceived the swelling about six weeks, and that he had continued his daily labour until within a few days previous to his admission. We believe that Mr. KEY saw the tumour some time since; it had then a distinct pulsation and was much less firm; he decided that it was aneurism of the femoral artery. It was apparent, from the rapid progress which the swelling had made, and from its present appearance, that any further delay would be dangerous.—Mr. KEY performed the operation of tying the femoral artery, on Saturday the 7th.

Operation.

The patient being placed upon the table, and the leg semiflexed, the ope-

rator (seated on the left side of the patient) commenced by making an incision, upwards of two inches in length, on the inner part of the thigh, about one-third down; by this incision the integuments and fascia-lata were divided, and the inner edge of the sartorius muscle brought into view; with the finger the operator drew this muscle to the outer side of the wound, and a careful incision being made into the sheath, Mr. K., with a probe director, disengaged the artery from its surrounding connexions, and passing the director under the artery, *it was raised up beyond the edges of the wound.* This part of the operation savoured a little of demonstrating, or lecturing, in which it is usual to pass the probe under the artery, in order to exhibit it to the pupils. It is laid down as a general principle, by Sir ASTLEY COOPER, in his valuable lectures on aneurism, that in the operation of tying arteries, the artery should be "disturbed as little as possible" from its surrounding cellular membrane. We believe this principle is generally admitted and acted upon; the reasons are so obvious and well known that we need not repeat them; perhaps Mr. KEY had some *cogent* reason for departing from this practice. A ligature was next passed under the artery, by means of the aneurismal needle, but when it was drawn tight the patient complained of much pain. Fearful that a nerve might be included in the ligature it was removed, and the artery carefully examined; but the nerve had not been included. Another ligature was then applied, and the patient did not experience pain from its application; the edges of the wound being carefully brought together by means of adhesive plaster, the patient was put to bed, and the limb wrapped up in flannel; the foot felt cold shortly after the operation.

On the following morning we found the patient had passed a good night; there was some febrile excitement; pulse quick, and tongue slightly furred; the limb felt quite warm, and indeed of a higher temperature than the opposite limb.

8th. The patient is going on well; the œdema of the leg has lessened, and the tension of the aneurismal swelling is diminished; the limb preserves its temperature, and the patient does not complain of pain.

It was ascertained, *after* the operation, that he had a small pulsating tumour in the middle of the right thigh, which, upon examination, proves to be aneurismal.

Operation.

On Tuesday Mr. B. COOPER operated for stone; the patient was a man about 50 years of age.

The accidents admitted this week are but of little interest; the most important are—a case of fractured ribs; a simple fracture of the humerus, and a lacerated wound of the face.

ST. THOMAS'S HOSPITAL.

Case of Strangulated Scrotal Hernia, continued from page 118. *

July 27th. We found the patient this morning labouring under many unfavourable symptoms; pulse 114 and full; tongue loaded with a dirty white fur; he complains of thirst, and the skin is very hot; there is an anxiety of countenance; the abdomen is tense, but not very tender upon pressure, and the bowels have been acted upon *only once since yesterday.* He has a tickling cough, which is very troublesome, and during the night, in a fit of coughing, the hernia descended, but it was easily returned; the respiration is laborious, and upon applying the ear to the chest the rattling noise is heard of air passing through the bronchial passages, filled with viscid mucus, and the expectoration, which is scanty, is of that character. Mr. GREEN (in the absence of Mr. TRAVERS) directed him to be bled to the amount of twelve

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* In the previous report of this case some error occurred in the dates; the patient came into the hospital on Monday July 25, instead of Tuesday 26th, as stated, consequently our report of the symptoms on the day after the operation should have been dated 26th.

ounces, and to take a table spoonful of castor oil immediately, and a dose of saline effervescing mixture, with

Antimonial wine, 10 *drops*,
Tincture of henbane, eight drops, every four hours.

Upon visiting him with Mr. TRAVERS after the venesection, we found the pulse reduced in force but increased in quickness, being now 120. Mr. T. considered a table spoonful of castor oil to be insufficient, and directed more active purgative medicines, as

Calomel, five grains,
Powder of jalap, ten grains,

to be made into three pills and taken immediately. If the pills do not operate quickly, let common purgative enemata be administered until the desired effect be produced.

28th. Has had three or four copious alvine evacuations; the tension of the abdomen is diminished, but there is much tenderness on the right side, and more especially about the iliac region; the respiration is still laborious and the cough troublesome. Pulse 120, with a degree of sharpness. The pills only operated once last night, and he had two enemata exhibited, which caused the bowels to act freely. Mr. TRAVERS directed 20 leeches to be applied to the right side of the abdomen, and after their application the abdomen to be well fomented, and to continue taking the mixture, with the addition of sulphate of magnesia, one drachm to each dose.

29th. The patient is rather better; the bowels are well open and the tenderness of the abdomen is diminished; pulse continues quick (112), and the tongue is still furred; there is much less anxiety of countenance, and the state of respiration is somewhat improved.

30th. Much as yesterday; pulse equally quick; he complains of griping pain in the bowels, which is probably the effect of the medicine; the wound has been dressed and is looking well.

August 2d. Our report of to-day is favourable; the quickness of the pulse is diminished, and indeed every febrile symptom has subsided; he continues upon milk diet, and the wound is dressed daily; the saline purgative mixture has been discontinued, and he takes castor oil occasionally.

Case of severe Burn.

S. L. was brought to the Hospital on Monday afternoon, July 25, under the care of Mr. TRAVERS. Upon examination, it was found that the arms, face, and neck were the principal parts injured. This accident occurred to the poor man whilst in the act of cleaning out a flue. It appears that he had some tow with him, which caught fire from a candle, and being partly suffocated, he was for some time unable to extricate himself from the flue. Upon the right arm, to a considerable extent, the vitality of the parts was destroyed, the remaining part vesicated, and in some places the cuticle separated; the other parts affected were in the same state, except that the destruction of parts was not so great. The patient had been brought from Greenwich in a cart, and during his journey several pails of cold water were thrown over him; the patient was chill, and indeed the pulsation of the heart could scarcely be felt.

The first object evidently in the treatment of this case was to induce re-action; the patient was put to bed, and brandy frequently given in warm gruel; *linseed oil and lime water to be applied to the injured parts.**

26th. A slight degree of re-action has succeeded to the congestive stage of yesterday, but the heart's action is still feeble; the extremities are cold, and he has frequent shiverings; he was seen by Mr. TRAVERS to-day, who recommended the application of *equal parts of olive oil and spirit of turpentine*; this has been applied; he continues to take a table spoonful of brandy every six hours.

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* Whatever may be the value of this mixture as a topical application to burns, it certainly does not seem consistent to apply this, or any other *cold* application, during what may be considered the cold stage of a burn. It stands thus:—*Brandy given to increase the circulation and consequent powers of life—cold extensively applied, which diminishes both.*

27th. There is great swelling of the neck and face; the application occasions pain for a short time after its use; pulse may be felt at the brachial artery innumerably rapid and small; there is still much want of energy in the circulation, the extremities being cold. Let him continue the brandy, and take a dose of castor oil immediately.

28th. The powers of the constitution have rallied; the pulse is very rapid, but it has more force, and the feet are now of natural (or rather of increased) warmth. It is evident there will be considerable sloughing of the integuments on the right arm, and there is a hard brown eschar on the side of the face. The topical application is continued to the parts; the patient takes the brandy every eight hours, and the nurse had directions to administer it at any time when he complained of feeling chill.

30th. The patient is going on favourably; pulse continues very rapid, but there does not appear to be any internal organ suffering from or implicated in this state of excitement; from the great destruction of parts, which must be thrown off by the sloughing process, there will be considerable demand on the powers of the constitution.

August 1st. There appears to be a great deal of inflammatory action about the injured parts; there is much heat and redness around the vesications, and the sloughs are separating from the burns. From the parts having now become sensible, the turpentine application occasions much pain, and the patient is restless and irritable: *an opiate draught* was given on Saturday night and repeated again last night, and the *brandy is continued.*

Aug. 3d. The restlessness and irritation has subsided, and the patient is much better. After the last report, he was visited by the apothecary, who directed the following mixture to be taken three times a day:

Infusion of Cascarilla, 5 drachms;
Infusion of Roses, 5 drachms;
Tincture of Henbane, ½ drachm.

The brandy was ordered to be discontinued, and he takes 4 oz. of port wine daily; the sores are suppurating freely.

Case of Fracture of the Cranium.

A child, about seven months old, was brought into the Hospital on Friday noon, with severe injury to the head, which happened from the following circumstances:—The mother, having the infant in her arms, accidentally stepped back and fell out of a stair-case window, which was several feet from the ground; the only injury that the woman received was a contused wound of the scalp and a shock from the fall, the effect of which she soon recovered from; the poor child was more seriously injured.—When brought into the Hospital the following symptoms were present:—The child lay perfectly insensible, as if in a deep sleep; inattention to any noise, however loud; it could not be roused by shaking; the face was pallid and lips of a leaden hue; pulse 90, somewhat irregular, and easily compressible, and the surface of the body cold; the pupils were dilated and immoveable; the breathing natural (not stertorous), but occasionally the little patient heaved a deep sigh.

From the violence of the injury there was great extravasation of blood under the integuments of the scalp, on the left side of the head; this rendered it difficult to detect a fracture, which, however, Mr. GREEN said could be distinguished at the upper part of the left parietal bone, but the bone was not driven in. An attempt was made to open the left external jugular vein, but without success, the vein was opened on the right side, but very little blood flowed from the orifice. Mr. GREEN then directed the application of six leeches to the head; upon pressing on the head at the injured part, and upon making the incision to open the vein, the child moved its hands. It appeared to rally a little in the afternoon; the surface of the body became more warm, but in the evening the symptoms were more urgent, the breathing became interrupted, and the child had convulsive motions of the limbs, but more especially of those on the opposite side to the injury. The little patient expired about nine o'clock.

Case of Axillary Aneurism.

Thomas Overell, aged 33, was admitted into the Hospital August 1st, under the care of Mr. GREEN, with a tumour in the right axilla, which he stated to have existed upwards of five months; the swelling in the axilla is about the size of a large orange, but it also extends under the pectoral muscles, occasioning them to project. Upon applying the hand, a very distinct pulsation was communicated, and by pressing upon the subclavian artery, the tumour was emptied, little doubt, therefore, could be entertained of its nature; the pulsation at the right wrist was not so strong as at the opposite wrist, and the patient complained of a numbing pain in the arm. The poor man is a brass founder, and uses the right arm much in hammering; he stated also, that his shoulder was dislocated a few months since, and he attributed the swelling to that accident; he readily consented to the operation of tying the subclavian artery from above the clavicle, which was performed by Mr. GREEN, on Tuesday, August 2d.

The head of the patient being held towards the left shoulder, and the right shoulder drawn downwards, Mr. GREEN commenced by making a transverse incision of three inches in length, just above the upper edge of the clavicle; the incision commenced from the outer edge of the sterno cleido mastoideus, and extended to the edge of the clavicular insertion of the trapezius; a longitudinal incision was next made, of about two inches in length, which passed down to the clavicle, and intersected the transverse incision at about one-third from its sternal extremity; the angular flaps were dissected back, and as the external jugular vein was in danger of being wounded, two ligatures were passed under it carefully, and it was divided in the interspace. The operator carefully continued his dissection through the parts, until the omo hyoideus was exposed; a director was introduced under the muscle, and, by means of a scalpel, it was divided; the clavicular attachment of the sterno cleido mastoideus was also divided; notwithstanding this free division of parts, a long time elapsed in coming down to the artery. There were one or two large veins, which it required great caution to avoid, at length two ligatures were passed under the artery by means of an aneurismal needle, which appeared to resemble the common needle, but was somewhat more curved; but little difficulty occurred in passing the needle under; one of the ligatures was now tied, and the other withdrawn, being merely passed under, to be used, if required. The integuments were carefully brought together, and the patient put to bed, the limb being enveloped in flannel.

3d. The patient was bled from the arm at 12 o'clock last night, in consequence of the pulse becoming quick and hard; the respiration was also affected, and he complained of pain at the scrobiculus cordis; after the bleeding, he took two doses of laudanum. Pulse this morning 110, and jerking; the temperature of the right arm (ascertained by the thermometer) is equal to that of the left; the blood was not cupped or buffed in appearance.

4th. The pulse still continues quick and sharp; tongue furred; skin moist, and he has had three evacuations from the bowels. We understand that he became very restless in the night, and 40 drops of laudanum were given to him, which procured sleep.

5th. Much as yesterday; pulse not quite so rapid, 104; he complains of pain upon deep inspiration, at the back part of the thorax: as he again became restless in the night, a dose of laudanum was given to him.

8th. The patient is free from any unfavourable symptom; the wound was dressed yesterday, and is looking well; a light poultice is applied over the strapping.

Operations.

On Friday last, Mr. GREEN removed a scirrhous tumour from the breast; the operation was very neatly performed. A tumour in the axilla was also removed on the same day, and on Tuesday, Mr. G. performed the operation of lithotomy on a child about ten years of age; the gorget was used. We have seldom witnessed this operation performed more dexterously than on the present occasion.

BARTHOLOMEW'S HOSPITAL.

Extirpation of a Scirrhous Tumour.

Jane Hall, ætat. 68, was operated on, (Saturday, July 23d,) for an enlargement of the right mamma, by Mr. LAWRENCE. He made an incision across the centre of the tumour, and dissected it out. In size it was as large as a melon, felt tuberculated, and of a stony hardness in some parts, in others it was elastic. It was contained in a capsule of a cartilaginous structure, but moveable. The tumour, when cut into, appeared to partake of scirrhus, with medullary sarcoma. At its base, a dark glairy fluid, resembling bile, was observed. After the operation she was put to bed, and desired to be kept quiet.

24th. She had passed but an indifferent night, and appeared restless; pulse 110, and complained of being very feverish, bowels not having been open since Friday; had a dose of castor oil given her, and ordered to take the saline mixture every four hours.

25th. Passed a very restles night; no sleep; vomited a good deal during the night; pulse 100, low and feeble; her countenance appeared sunk and depressed; her hands felt very cold, and the belly distended with flatus; bowels relaxed; used the bed pan five or six times during the night. Mr. LAWRENCE suspected matter to have formed under the flap, and said, that in such cases, sloughing of the integuments had often taken place. He therefore undid the dressings and introduced the probe, but with difficulty, in consequence of the firm union which had taken place; its introduction was followed by the flow of a quantity of bloody matter. There was no external inflammatory appearance; a light poultice was applied to the part, a cold cloth over the whole breast, and the patient ordered six ounces of wine to be taken in the 24 hours.

26th. Passed a bad night; pulse 100, very low and small; tongue parched, and covered with a brown coat; belly hard and tense; breathes with difficulty; she now vomits matter resembling coffee grounds; the bowels have been open three times during the night. There is a slight inflammatory appearance around the wound, and a discharge of purulent matter, but thin and small in quantity. Mr. L. ordered her four grains of calomel to act upon the alimentary canal, to take three grains of sulphate of quinine every four hours, and to continue the wine.

Evening, 8 o'clock. The sickness had now ceased, but she complained of pain in the abdomen, which was much distended; pulse 130, rather more full and strong; ordered to have 20 leeches, and a blister to the abdomen; house physic every hour, until the bowels are acted upon, and to leave off the bark and wine.

27th. Passed a bad night; was delirious; pulse so low and feeble as scarcely to be felt; bowels purged; the flap appeared very dark; together with a considerable discharge of thin sanious matter. She was ordered to recommence the wine, and to take the compound chalk mixture.

Evening. Worse; her extremities feel cold; pulse extremely rapid and feeble; received no benefit from the blister; ordered a mixture of egg and brandy.

28th. Rapidly sinking; pulse 140, counted with difficulty; tongue parched, and covered with a dark brown fur; belly blown up with air; bowels still purged; the sloughing of the flap has considerably increased, as well as the inflammation around the wound; gradually sunk, and died at 12 the same night. Although great efforts were made, the friends would not allow a post mortem examination.

Case of Small Pox after Vaccination.

Mary Power, æt. 16, came to the hospital, July 24th, complaining of sore throat, and requesting advice. On examination, Mr. LAWRENCE observed an eruption on her arms, which circumstance induced him to inquire particularly into the case, and the result confirmed his previous suspicions of its being small pox. She had been vaccinated when six months old. The cicatrix, however, had left such a trivial impression, that it could be observed with difficulty.* She

* We are rather surprised that Mr. BAYER'S test, viz. re-vaccinating the

complained of having had pains in her limbs for a week, of feeling feverish, and of her throat becoming daily more uncomfortable. She first perceived the eruption on Wednesday 19th, and she says it arose *at* once into a pustule.* She now complains of considerable febrile excitement, of pain in the head, with soreness of the throat: the eruptions are in the fifth day; some appear exactly similar to the small pox pustule. They are of a rounded form, with their apices flattened, and a brown spot in their centre, each pustule being surrounded by a slight inflammatory blush. Others, again, do not resemble small pox, but rather the chicken pox; the cuticle slightly inflamed and elevated; of an irregular form, no depression in their centre,† and appear to contain lymph. On the fore-arm she had about thirty of these pustules and pimples. She was ordered an emetic immediately, purgative draught at night, and the saline medicine, with ʒss. of liquor ant. tart. every four hours.

25th. Emetic and laxative acted freely; complains of less pain in the head, and appears better; eruptions more formed.

26th. Pulse 75, and regular; very little fever; throat less painful; some of the small pimples appear dying away. In three days from this time the eruption was all dying and scaling off.

The accidents last week have been few—severe cut hand; girl with a pin in the œsophagus; child swallowed a button; broken ribs; fractured humerus and radius; two burns, and several cut heads.

Accidents this week—man cut [by his wife] with a razor in the thigh; case of concussion; fractured femur; severe burn; several cut heads; large incised wound in the wrist, with division of ulnar artery; retention of urine.

The only operation last week was—paracentesis abdominis, by Mr. STANLEY.

This week—amputation of the fore-arm by Mr. EARL.

MIDDLESEX HOSPITAL.

Aug. 1st. A man was brought into the Hospital on Monday, who had intentionally taken ʒiss of laudanum. Twenty-five grains of the sulphate of zinc were immediately given, which occasioned him to vomit. The contents of the stomach smelled of the laudanum, but the smell was disguised in a great degree by rum, of which he had taken a considerable quantity. Ten grains of sulphate of copper were next given to him, which also produced sickness, and Dr. SOUTHEY recommended the frequent exhibition of mustard and water, and the patient to be kept constantly walking about; by these means he was relieved, and, with the exception of un-

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patient a certain time after the first vaccination, is not more generally employed. We are not aware of any reasonable objection that has been urged against it, and surely the trouble of a second vaccination is trifling, when compared with the doubt and uncertainty which every one must admit hangs over the prophylactic efficacy of vaccination, as it is at present practised. We have been informed, that above 100 boys in Christ's Hospital have been effected in a very short time with variola, most of whom had been previously inoculated.

* This circumstance of the sudden formation of the pustule deserves notice, as we have more than once known a disease pronounced not to be variola which ultimately possessed all the characters of that disease. We have only observed it in those cases of small pox occurring after vaccination, and it may therefore serve in some degree to distinguish modified from true small pox. In small pox occurring after vaccination distinct pustules are observed upon the second day of the patient's illness, and they occur without the previous appearance of stigmata.

† It has been lately asserted, that the depression in the centre of the pustules is diagnostic of variola; the present case, with several others, that have fallen under our observation, tend to prove this a fallacy.

easiness and confusion of mind, now is tolerably well.

Another *splendid illustration* of the celebrated JOE BURNS' surgical abilities occurred at this Hospital a few days since, in the operation of trephining. It is scarcely necessary to say—the patient is dead. We shall give the particulars next week.

ST. GEORGE'S HOSPITAL.

John Sharp, aged 35, a bricklayer, was brought into this Hospital, August 3d, at 5 o'clock p. m., and placed under the care of Mr. BRODIE, having fallen from a scaffold 30 feet high, by which fall he received an injury of the head; he was stunned for about five minutes after the fall; but on his admission here, which was about half an hour after, he was quite sensible; skin and extremities cold; pulse small and very indistinct. On examining the head, he had a violent paroxysm, which lasted for three or four minutes. The bones are not injured, but there is a very extensive wound of the scalp over the posterior part of the parietal bones. The fibres of the occipito-frontalis muscle are extensively separated from the pericranium, which is not denuded. There are two other smaller scalp wounds, and a wound of the integuments over the tibia of the left leg. The left clavicle is also broken.

The edges of the wound were brought together by adhesive straps, and a lotion applied to the parts.

10. p.m., inclined to sleep, unless when roused, pupils rather dilated, but act sluggishly when exposed to light; continues quite sensible; has had no return of the paroxysm; pulse has risen to 120; skin and extremities have returned to their natural temperature.

V. S. ad ʒx.; a dose of house physic directly.

4th. Had a tolerably good night; bowels have been opened twice from the medicine; complains of pain in the head; had convulsive startings of the muscles of the left thigh; pulse 90, full and soft; tongue clean.

Ordered the effervescing draught, with thirty drops of antimonial wine every six hours.

5th. Was bled this morning to ʒx.; the pain remains fixed in the head; but he is in other respects better; the same medicine as yesterday.

6th. Slept well last night; pain in the head not so acute; he complains of pain in the left shoulder; skin dry and hot; bowels costive; has taken some opening medicine this morning, which has not yet operated.

8th. No change; bowels have been opened by the medicine; pain in the head nearly gone; has got erisipelatous inflammation of the left foot, to which sixteen leeches have been applied; it appears to extend up the leg, continues to take the same medicines.

In consequence of the spirited remonstrance of Mr. KEATE, blinds have this week been placed over the windows of Talbot's Ward. Had this been done a month or two earlier, the poor patients would have been spared many of the ill consequences which often ensue from the protracted endurance of intense heat.

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